

JANUARY, 2004 INDEX TO UB92

(Revisions as of 8/05)

<u>Page 1</u>	Paragraphs 4, 5 & 7 (<i>new</i>) Paragraph 7 (<i>revised 7/04 to APS – previously MHP</i>)
<u>Page 6</u>	FL6 – NOTE B: #2 (<i>new – added 8/05</i>)
<u>Page 7</u>	FL 6 - #5 (<i>new</i>) FL 8 – 1 st sentence (<i>new</i>) FL 11 – (<i>new</i>)
<u>Page 9</u>	FL 19 - #5 (<i>new</i>)
<u>Page 14</u>	INSURANCE RELATED CODES (Third Part Liability rejection reasons other than Medicare) – (<i>new</i>)
<u>Page 18</u>	FL 42 * four digit revenue code (<i>new</i>) * The new revenue code to be used when billing for administrative days.....(<i>new statement</i>) FL 44 – HCPC/RATES (<i>all new</i>) (<i>revised 3/05 to remove revenue codes 370/379</i>) FL 45 – Service Date (<i>all new</i>) FL 46 – Units of Service * five numeric digits (<i>new</i>) * NOTE: (<i>new</i>)
<u>Page 19</u>	FL 47 – Total Charges * 9 numeric digits (<i>new</i>) * NOTE A: (<i>uncompensated care added</i>) * Total numeric digits revised (<i>added 6/05</i>) * Outpatient line amount cap of \$50,000 (<i>added 6/05</i>) FL 48 – Non-Covered Charges * 9 numeric digits (<i>new</i>) * “...column will be subtracted from total charges in FL 47.” (<i>added</i>) * NOTE: (<i>uncompensated care added</i>) * Total numeric digits revised (<i>added 6/05</i>) * Outpatient line amount cap of \$50,000 (<i>added 6/05</i>)

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FL 60 – Certificate/SSN/HIC/ID Number

- * “...HIPAA compliant transaction 270/271...” (*added*)

FL 63 – Treatment Authorization Code

- * “(NOTE: 8-digit number. If DHMH 3808 number is 7 digits, front-fill with a zero.)” (*added 9/04*)

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FL’s 68-75 – Other Diagnosis Codes

- * NOTE : (*all new*)

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FL 79 – Procedure Coding Method Used (*all new*)

FL 80 – Principal Procedure Code and Date

- * ~~This code structure must be ICD-9-CM for inpatient and HCPCS when billing for outpatient surgical procedures.~~ (*new*)

This code structure must be ICD-9-CM for inpatient and outpatient services. (*revised 3/05*)

FL 81 – Other Procedure Codes and Dates

- * ~~This code structure must be followed when billing for inpatient services. However, HCPCS must be used when billing for outpatient surgical procedures.~~ (*new*)

This code structure must be followed when billing for inpatient or outpatient services. (*revised 3/05*)

- * NOTE: (*all new*)